

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AS</i>		8/10/99
O.I.P.E. CLASSIFIER		15	8/12/99
FORMALITY REVIEW	<i>SB</i>	#02033	8-22-99

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	8/10/99
2	✓	✓	8/10/99
3	✓	✓	8/10/99
4	✓	✓	8/10/99
5	✓	✓	8/10/99
6	✓	✓	8/10/99
7	✓	✓	8/10/99
8	✓	✓	8/10/99
9	✓	✓	8/10/99
10	✓	✓	8/10/99
11	✓	✓	8/10/99
12	✓	✓	8/10/99
13	✓	✓	8/10/99
14	✓	✓	8/10/99
15	✓	✓	8/10/99
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26	✓	✓	8/10/99
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29	✓	✓	8/10/99
30	✓	✓	8/10/99
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46	✓	✓	8/10/99
47	✓	✓	8/10/99
48	✓	✓	8/10/99
49	✓	✓	8/10/99
50	✓	✓	8/10/99

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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Best Available Copy